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ABSTRACT

These two newsletter issues focus on training strategies for developing more inclusive programs for children with disabilities and for developing collaborative programs. An interview with Dr. Barbara Wolfe addresses successful inservice teacher training strategies. Additional information in the first issue includes guidelines for empowering parents to participate in inclusion training (based on the Partnerships for Inclusion Project, North Carolina) and suggestions for involving the community, (based on the Community Connections Project, Washington, D.C.). The second issue has a brief article on the importance of building a common vision for successful collaboration, interpersonal skills and collaboration (based on the Meeting House Cooperative Preschool, Alexandria, Virginia), developing collaborative organizations (based on the Inclusion through Transdisciplinary Team Project in Idaho), and developing inclusive communities for young children with disabilities (based on the Welcome Everywhere Project in Indiana). (DB)

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SPRING/SUMMER 1994 VOL. 2, NO. 1

SPOTLIGHT ON TRAINING STRATEGIES

FOLLOW-UP: A KEY COMPONENT OF SUCCESSFUL TRAINING

Dr. Barbara Wolfe, a trainer-of-trainers exemplar, is currently on the faculty of the Department of Special Education at the University of Wisconsin-Eau Claire. Prior to university teaching, she spent fifteen years providing inservice training on inclusion to early childhood professionals. We would like to share some of Barbara's thoughts on training gleaned from a recent telephone interview.

You have conducted research on best practices in inservice education. What did you find most helped teachers implement new ideas in their classrooms?

Factors that most helped teachers use new ideas in their classroom were (1) useful handouts/materials, (2) relevant content that addressed an existing need, (3) follow-up support, (4) practical content that could be applied immediately and (5) an effective trainer.

Did any of these findings surprise you?

Two were surprising—the importance of handouts (i.e. practical, relevant handouts) and the impact of the trainer on inservice outcomes. Participants defined effective trainers as knowledgeable, well prepared, credible, enthusiastic and able to use a variety of techniques including hands-on and interactive strategies. The good news about these characteristics is that people can learn them—that is, training isn't an inherent trait but rather a learned skill.

Let's talk for a minute about follow-up support. Could you define what you mean by follow-up?

Broadly speaking, follow-up can be defined as strategies and events that take place following the planned workshop experience. Some examples are a "back home" plan to try on the job, a follow-up class or workshop, on-site coaching by peers or trainers or a follow-up letter with resource articles.

Why do you think follow-up is so important in inservice education?

Learning is a process, not something that happens in a one-time training event. Change takes place over time and requires a focused effort for new ideas to be integrated into ongoing practice. Follow-up provides a strategy for focused effort over time, thereby increasing the chance that new ideas will actually become on-the-job behaviors.

What follow-up strategies have you found to be most effective?

In my research, not too many participants had experienced follow-up but those who had preferred (1) observing someone else demonstrating the new idea, (2) having on-the-job assistance or (3) participating in small group discussions with fellow staff or an administrator.

Two other specific follow-up strategies that can be offered to participants on a voluntary basis are: (1) **coaching** (peer or expert coaching) which is a labor intensive, one-on-one strategy where the coach serves as a mirror through which the teacher can examine her behavior, and (2) **peer support group** which brings participants back together to talk about the successes they have experienced and to brainstorm solutions that support implementation efforts.

Earlier you spoke of "back home" plans as a follow-up strategy. Can you expand on that?

A "back home" plan is like a personal learning plan. It is a good strategy for intensive full-day or multi-day classes. Each individual completes a plan indicating personal goals, what they will do to accomplish their goals, and possibly, products that will demonstrate accomplishment. Trainers can get feedback on the participants' progress toward their goals by doing follow-up visits, calling the site, or requesting video or written records.

It is sometimes difficult to motivate participants to complete a back home plan after a long training day, so I have tried using an "Aha" sheet where participants write down new ideas throughout the session. Then when they make their plan, I have them limit their ideas to 3 or 4 things to try at home. We usually take up to a half-hour at the end of the training course to develop an individual or team "back home" plan. Carry-over is sometimes increased by having participants verbally report their plan to someone else, or to the whole group. Somehow when you say it aloud, you feel more committed to action.

Is there anything else you would like to say?

Helping teachers learn new skills and incorporate them into the classroom requires an intensive system of training that utilizes multiple training strategies, including opportunities to observe, practice, receive feedback and talk about the ideas. It is paramount that administrators are committed to both the ideas being presented and the training design, which might require an increase in release time for training, planning or peer support.

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EMPOWERING PARENTS TO PARTICIPATE IN INCLUSION TRAINING

A recent North Carolina project trained parents of children with disabilities to serve as inclusion specialists through developing advocacy skills and participating in inclusion training for day care and other providers of services to children. This training, designed and conducted primarily by experienced parent advocates, was funded by the Partnerships for Inclusion Project at the Frank Porter Graham Child Development Center at the University of North Carolina - Chapel Hill.

The parents participating in the project represented a variety of socio-economic and family backgrounds, had children with different disabilities, and were located throughout the state. The parents agreed to participate in a two-day training session and follow-up activities. Expenses and a small honorarium were given to participants.

The training sessions and follow-up activities were designed to develop the participants' advocacy and presentation skills by focusing on the following:

- a working knowledge of the state's service delivery system;
- the ability to effectively present a personalized rationale for inclusion;
- a working knowledge of the basic rights of children with disabilities;
- the ability to work effectively within the system in advocating for inclusion.

Several of the sessions focused on giving parents a variety of "tools" to present their unique perspective on inclusion. Topics included incorporating humor, children's books and artwork, visual images and adult education principles to support presentations. Adult learning principles included giving audiences information they could use (relevance), showing how the information could be used to solve problems (practicality) and convincing audiences of the need to learn (motivation).

The parents left the two-day training with an "individualized education plan" to help develop their presentations. This written plan outlined the presentation pieces that were in place, i.e., the "strengths," and the pieces that needed to be developed, i.e., the "needs." As follow up, smaller groups met with one of the parent advocates. At these sessions, each parent trainee give a presentation. The other trainees and the parent-advocate acted as an audience of professionals who critiqued each presentation. This role playing helped prepare the trainees to present information before live audiences and to answer probing questions. The inclusion specialists now serve to link the parents to day care and related training programs across North Carolina.

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GIVING THE HELP THAT TI

In 1981, the Social Integration Program (SIP), which was administered at Utah State University, began to serve children with disabilities in community-based child care centers. Its positive results for children, families and providers have led to subsequent projects to assist preschool personnel in serving children with disabilities. One of the biggest challenges facing community program inclusion efforts is providing the help that is needed ***when*** it is needed. Although training typically addresses many of the providers' anticipated needs, unanticipated needs inevitably arise as services are delivered to children and families.

To respond to providers' needs in a timely manner, we have found no substitute for "being there." When someone with special expertise in serving children with disabilities and their families is present on a daily basis, she/he can most easily develop the working relationships necessary to help teams provide effective services.

Although on-site support is our preferred form of technical assistance, we must often seek alternatives due to factors such as time and distance. After a good working relationship has been established, an itinerant person can offer assistance using telecommunication

Values and Attitudes First

Community Connections

The Community Connections Project at The George Washington University recruits and trains teams of child care providers who then support the inclusion of children with disabilities in their programs. The project is founded on the belief that all children with disabilities deserve the option of attending community programs with their non-disabled peers. It is committed to supporting child care personnel in their collaboration with other service providers to meet the needs of all children in inclusive settings.

As training begins, the first issue addressed is the participants' attitudes and values about disabilities. Addressing attitudes and values first gives participants the opportunity to talk about their fears and hopes. Trainees are asked to think about inclusion from a personal perspective by remembering and describing a time in their lives when they wanted to belong and felt excluded. People describe powerful childhood memories about being ridiculed in kindergarten, being excluded from a team, and/or being teased about their ethnicity. Through this exercise they remember the hurt of exclusion and they begin to empathize with the feelings of children in their care.

Next, participants complete a survey that asks them to rate their responses to a series of statements about inclusion such as:

- The parents of a child with disabilities should be able to decide what placement and services their child receives.
- For most children with disabilities inclusion works only if there is extra adult help.
- Inclusion is good for children with disabilities but the other children usually do not benefit.
- Teaching children with disabilities is much harder than teaching typical children.
- Some children would be better off in separate more specialized settings.

The group then discusses the range of responses. Because there are no right or wrong answers, this exercise helps people clarify their own values and beliefs and share their thinking with their colleagues. Teaming is vital to the success of inclusion and this exercise also helps the trainees understand and respect the values and beliefs of their team members.

By working through this process of examining and experiencing the power of attitudes and values about disabilities, the teams come to a common core of beliefs about inclusion. Team members then write a mission statement that will serve to guide their goals and activities as they plan for inclusion.

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Need When They Need It

options such as the telephone. For example, during a weekly phone call to each site, the SIP consultant and provider reviewed each child's progress and together sought solutions to problems.

But sometimes a picture is needed to establish the context in which the problem occurs. Two strategies have proven advantageous in this situation. One is to "dialogue" through a videotape exchange. First, the provider makes a video demonstrating the problem and then the trainer responds by making a video that demonstrates an alternative practice. In the Early Ed Project, video exchange helped providers increase child engagement in small group activities by demonstrating alternative strategies for child-adult interactions.

Another strategy, interactive television, allows all parties to ***see*** what is happening as well as to talk about it. Using the state's educational television network, a speech and language pathologist in a television studio watched two children in preschools several hundred miles away. She gave the providers suggestions to stimulate language and then followed up weekly through videotape exchange. These alternatives allow us to deliver personalized help in a timely manner without spending hours traveling from program to program.

For more information contact:
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Center for Persons with Disabilities
Utah State University
Logan, UT 84322-6805

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Early Childhood Inclusion Training Programs

Mainstreaming Young Children: A Training Series for Child Care Providers
Pat Wesley, Partnerships for Inclusion
Frank Porter Graham Child Development Center
University of North Carolina
300 NationsBank Plaza 137 E. Franklin St. CB8040
Chapel Hill, NC 27599-8040
(919) 962-7364

Special Training for Special Needs
Cooperative Education Services Agency:
CESA 5
Portage Project
P.O. Box 564
Portage, Maine 53901

Including All Children: Training for Administrators and Caregivers
AGH Associates, Inc.
Box 130
Hampton, New Hampshire 03842

SpecialCare Curriculum Trainer's Manual: A Resource for Training Child Caregivers
Child Development Resources
P. O. Box 299
Lightfoot, VA 23090
(804) 565-0303

Also Available

Inclusive Early Childhood Education: A Model Classroom
Marie Abraham, Lori Morris, & Penelope Wald
Communication Skill Builders
3830 E. Bellevue; P. O. Box 42050-E 93
Tucson, AZ 85733; Phone: (602) 323-7500

Publications

- *Training: The Magazine of Human Resources Development*
- *Creative Training Techniques*

Lakewood Publications, Inc.
50 South Ninth Street
Minneapolis, MN 55402
(800) 328-4329

- *Games Trainers Play: Experiential Learning Exercises*
- *Still More Games Trainers Play*

John W. Newstrom
and Edward E. Scannell
McGraw Hill, Inc.
New York, New York

Training and Development Handbook: A Guide to Human Resource Development
R. L. Craig, Editor
McGraw Hill, Inc.
New York, New York

Training and Development Journal
American Society for Training and Development
1640 King Street Box 1443
Alexandria, VA 22313
(703) 683-8126

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c/o Penny Wald
Dept. of Teacher Preparation
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2201 G Street., NW, #524
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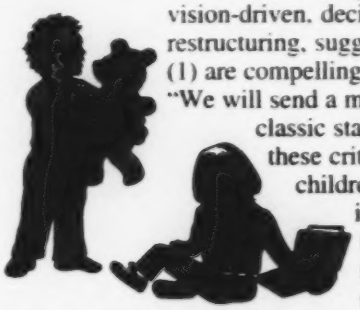
SPOTLIGHT ON COLLABORATION

Building a Vision for Collaboration

As communities strive to increase inclusive options in early childhood education, the need to pull together fragmented systems has raised new issues for planners and practitioners. Rejoining a fragmented system is not an easy task. Typically, a community may begin by establishing an interagency group with the mission of coordinating services to families. This type of cooperative initiative simply coordinates existing services and offers a reasonable starting point for change. However, in localities where the need and intent is to fundamentally change the ways services are designed and delivered, a collaborative strategy will be necessary (Melaville and Blank, 1991). Whether a partnership will be collaborative or cooperative in nature depends on "how far partners wish to move beyond the status quo" (Melaville and Blank, 1991).



The existence of a common goal or vision supports the notion of fundamental change and is a defining feature of a true collaboration. A shared vision requires that collaborating parties express their personal beliefs and build consensus around the issue they wish to address. Participants in this process are challenged to transcend their traditional roles and answer the question "What do we want to create?" rather than "What do we think we can do?". As service delivery barriers are broken down, there is an opportunity to create an inclusive vision and to have a collaboration where the whole becomes greater than the sum of the parts. Senge (1990) in his book The Fifth Discipline, states that a shared vision can "create the spark, the excitement that lifts an organization out of the mundane, . . . compel courage so naturally that people don't even realize the extent of their courage. . . foster risk taking and experimentation."

Collaboration may not always start with a clear vision, but rather begin with a sense that something needs to happen differently. The vision may not be clearly articulated for some time. Vandercook, York and Sullivan (1993) warn that engaging in a long-term commitment without taking the time to build relationships can be futile. Collaborations are fostered by encouraging participants to work together on small projects: offering opportunities to share philosophies, learning to communicate effectively and experiencing small successes. Collaboration is basically a people-to-people process. It is essential to create strong bonds and mutual respect between the collaborative partners as a first step in building a shared vision.

Creating a meaningful vision is an exciting and challenging task. To effectively sustain the commitment of the collaborative partners to change, a shared vision must include the deeply personal visions of each participant as well as mutually held beliefs. When this happens, a vision will be seen as both "my vision" and "our vision" (Senge, 1990). Rowe (1992), developer of a vision-driven, decision-making model for school restructuring, suggests that change requires visions that (1) are compelling, (2) are clear and (3) can be assessed. "We will send a man to the moon in this decade" is a classic statement of a vision that exemplifies these criteria. So too are the visions "all children can learn" or "all children can learn in school environments that are fully inclusive." Shared vision statements such as these can change the way a school system does business.

Collaboration is a process; it is not an end in itself. A collaborative effort will look different each time it is implemented. A specific model of collaboration cannot be "parachuted" into a state, community or classroom. It must be responsive to the culture of each new location (Blank and Lombardi, 1991). Collaborations are relationship-oriented and like all lasting relationships take time to develop.

—Lori M. Morris
—Catherine Lethbridge
Community Integration Project
The George Washington University

Senge, P.M. 1990. *The Fifth Discipline: the art and practice of the learning organization.* New York: Doubleday/Currency

Blank, M.J., and Lombardi, J. 1991 *Towards improved services for children and families: forging new relationships through collaboration.* White Plains, New York: A.L. Mailman Foundation

Vandercook, T., York, J. and Sullivan, B. 1993. True or false? Truly collaborative relationships can exist between university and public school personnel. OSERS *News In•Print.* Washington, D.C.: United States Department of Education

Melaville, A. and Blank, M. 1991. *What it takes: structuring interagency partnerships to connect children and families with comprehensive services.* Washington, D.C.: Education and Human Services Consortium

Rowe, L. 1992. ODOM - A Process for Change. *Journal of the National Center for Outcome Based Education,* Vol.1 No.5

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COLLABORATION:

An Interpersonal Effort

Meeting House Cooperative Preschool is a private community preschool in Alexandria, Virginia. Since 1991, the school, in collaboration with the Alexandria City Public Schools, has offered inclusive placements for children with disabilities. These children and their teachers are provided support by a special educator from the school system, who is on site at least two days per week. Partnerships between the regular and special educators require a variety of skills. In particular, three interpersonal skills have facilitated collaboration: ***communication, flexibility and support***.

Building rapport is an essential first step in establishing good communication. At Meeting House, initial meetings between the regular and special educators focused on sharing vital information (e.g., curriculum, IEPs) and clarifying expectations. Occasionally forms (e.g., role exchange form) were used to expedite these discussions. In addition, team members worked to develop a personal relationship. Limited free time was used to engage in casual conversations about ideas and concerns, helping to strengthen rapport.

Teamwork requires flexibility in both principles and practices. Regular and special educators often view issues that arise in inclusive programs from distinct perspectives. Being willing to reflect on differences and remain open to adapting one's practices helps to create a team approach. In one Meeting House class, a child with disabilities was having extreme difficulty during circle time. While the classroom teacher did not want this child to be separated, she agreed to the special educator's plan to pull the child out of circle time. The time was used to facilitate skills the child needed to participate in group time and eventually he was able to join in circle time.

Support among team members is a basic ingredient in successful collaborations. When there are problems to be solved, they are tackled together with each member contributing ideas and resources. In order to recognize problems as well as progress, goals must be defined. Goals may reflect objectives for children or next steps necessary for team development. With goals firmly in mind, the challenges can be identified and addressed, and the small steps made toward improvement can be perceived and acknowledged.

Establishing communication, remaining flexible and being supportive enabled the Meeting House staff to create a shared vision and meet the challenges the inclusion program presents.

For more information contact:
Joan Wheeler & Beth Fedman
Meeting House Cooperative Preschool
316 South Royal Street
Alexandria, VA 22314

DEVELOPING COLLAB
To Promote Inc

The Inclusion through Transdisciplinary Team project (ITT) at the University of Idaho provides technical assistance to communities of professionals and parents who strive to promote inclusive lives for all young children. Examples of community teams include Interagency Council Committees, Head Start regional offices, and state departments of education. ITT's organizational approach to inclusion emphasizes the collaboration of persons representing different disciplines. A major characteristic of these teams is the wide range of perspectives toward inclusion by its members.

Working with a diverse group of persons presents both opportunities and challenges. Collaborative efforts are more effective than individual efforts. However, members' resistance to change often impedes collaboration. Commonly encountered sources of resistance and strategies for overcoming them are listed in *Figure 1* at right.

Source Of Resistance
No perceived benefit
Fear of incapability
Anxiety over uncertain outcomes
Fear of budget loss or salary change
Fear of lost responsibility or authority

We often facilitate team collaboration by having members learn and appreciate each other's views. Nonproductive arguing endangers relationships. By helping people to understand other perspectives, we remove sources of argument. We do this through a five-step process.

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Welcome Everywhere:

Inclusive Communities for Young Children

Welcome Everywhere: Inclusive Communities for Young Children with Disabilities is a project designed to facilitate collaborative relationships and networks that result in inclusive programs and activities throughout communities. The Welcome Everywhere project supports building local capacity for inclusion through (1) administrative commitment, (2) involvement of a variety of stakeholders and (3) the availability of training and technical assistance. The project is conducted by the Center for Innovative Practices for Young Children at the University Affiliated Program of Indiana.

A major goal of the project is to promote inclusion in education and **non-education** settings throughout a community. This goal has prompted a unique aspect of the project—the establishment of local Inclusion Networks. An Inclusion Network is comprised of citizens representing a variety of organizations reflecting each community's unique strengths and resources. Network membership usually includes parents, educators, health professionals, social service providers, clergy, business persons and local government officials. The Inclusion Network meets over a period of twelve to eighteen months (four or five meetings) to carry out the following project-related activities:

- the development of a **Community Vision Statement**
- the identification of **Issues and Barriers** to inclusion
- the development of **Action Plans** to address issues and barriers
- the identification of **agencies and individuals to receive** Inclusion Network information

Specific formats, tailored to individual communities, are followed to facilitate the activities.

The success of the Inclusion Networks has been attributed to several factors, including the opportunity to work with a broad coalition of community members; the opportunity to consider new and different ways to address issues and barriers; and productive, fast paced meetings. As one participant noted, "It is a unique opportunity to expand views and promote change-attitudes about children with disabilities and their families can be dramatically altered and gaps can be filled. [It provided] a much needed forum for awareness."

The function and outcomes of Inclusion Networks differ from formal networks such as local interagency coordinating councils. By combining existing local associations and informal/formal networks associated with early childhood special education programs and agencies, Inclusion Networks have established and promoted inclusive practices across communities. The activities of each Network seem to have a ripple effect. Members indicate they share information with other people in the community. Those members, representing businesses and community organizations, have reported changes made in their practices to ensure the inclusion of children with disabilities and their families.

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Institute for Study of Developmental Disabilities
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Bloomington, IN 47408
(812) 855-6508

BORATIVE ORGANIZATIONS
clusive Communities

- *Prepare for developing the team:* Members learn as much as possible about each other, including their perceptions. Ways to do this include assuming each others' positions; active listening exercises; role playing; and sharing perceived strengths, weaknesses, opportunities and barriers in regard to efforts toward inclusion.
- *Set the tone for the team:* Identify interests common to all members through focus groups.
- *Define the team's purpose:* Focus on common interests and mutual concerns, not solutions. One way to do this is by developing a mission statement.
- *Generate options:* Create several options while avoiding obstacles such as premature judgment or belief in a single solution. At this time, goals should be formalized and prioritized.
- *Evaluate options and reach consensus:* Establish criteria for making decisions and initiate development of action plans.

	Strategies
	—Increase knowledge —Involve in planning —Offer financial support
	—Offer training —Build on strengths
	—Use active listening —Expose to other successful inclusive communities
	—Involve in planning —Insure financial support
	—Adjust role expectations —Emphasize positive aspects of change

Figure 1

We view team operations as a series of sequences that occur within the contexts of team development and crisis response. These are (1) team formation, (2) storming (exploring different perspectives), (3) setting team behavior norms, and (4) performance. Finally, we believe that some conflict is good, as it helps to facilitate team action.

For more information contact:
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Training Models

Best Practices in Integration (BPI) Inservice Training Model
Susan M. Klein
Department of Curriculum and Instruction
Indiana University, Bloomington, IN 47405-1006
(812) 856-8167

Partnerships in Early Intervention: A Training Guide on Family-Centered Care Team Building and Service Coordination
Waisman Center Early Intervention Programs
1500 Highland Avenue, Room 231, Madison, WI 53705
(608) 263-5022

Videos

The Business of Paradigms
Joel Barker
Chart House Learning Corporation
221 River Ridge Circle, Burnsville, MN 55337

Available through Inclusion through Transdisciplinary Teaming:

- *Stages of Group Development (1994)*
- *Teaming (1994)*
- *Resistance to Change (1994)*

Jennifer Olson
Idaho Center on Developmental Disabilities
University of Idaho, Moscow, ID 83843
(208) 885-6849

Also Available

Inclusive Early Childhood Education: A Model Classroom
Marie Abraham, Lori Morris, & Penelope Wald
Communication Skill Builders
3830 E. Bellevue; P. O. Box 42050-E 93
Tucson, AZ 85733; Phone: (602) 323-7500

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Publications

A Community Approach to an Integrated Service System for Children with Special Needs (1988)
R. Hazel, P. Barber, S. Roberts, S. Behr, E. Helmstetter, and D. Guess
Baltimore, MD: Paul H. Brookes Publishing Company
(800) 638-2775

The Fifth Discipline: The Art and Practice of the Learning Organization
(1990) Peter M. Senge
New York: Doubleday

The Seven Habits of Highly Effective People
(1989) Stephen R. Covey
New York: Fireside—Simon and Schuster

Together We Can: A Guide for Crafting A Profamily System of Education and Human Services (1993)
A. I. Melaville, M. Blank, & G. Asayesh
U. S. Government Printing Office
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